

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33211

FILED OCT 19 1948

Registration District No. 130

Primary Registration District No. 4242

State File No.

Registrar's No. 181

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town LOVE JACK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs 3 mo. years, months or days

3. (a) PRINT FULL NAME MAE E. HOLLOWAY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WH.
6. (b) Name of husband or wife C. W. HOLLOWAY 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased MAY 15 1870 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 18 hr. _____ min.

9. Birthplace BELTON MO. (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME11. Industry or business OWN HOME12. Name SAMUEL B. RIDER13. Birthplace BLUE SPRINGS MO. (City, town, or county) (State or foreign country)14. Maiden name SARAH YOUNG15. Birthplace MISSOURI (City, town, or county) (State or foreign country)16. (a) Informant C. W. HOLLOWAY(b) Address LOVE JACK, MO.17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-5-48 (Month) (Day) (Year)(c) Place: burial or cremation BELTON MO.18. (a) Signature of funeral director C. K. Young & Sons(b) Address BELTON MO.19. (a) OCT. 4 1948 (Date received local registrar) (b) Donald C. Sammons (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town LOVE JACK (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3 year 1948 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from January 8, 1948 to Oct. 3, 1948 that I last saw her live on Oct. 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 1 year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations HCB

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury NO

23. Signature Cliff Miller (M. D. or other)Address 222 Summit St. Date signed 10-3-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *A. K. George*

Licensed Embalmer No. *3645-*

P. O. Address *Grandview, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.